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Bib Data Sheet

CONFIRMATION NO. 6326

<b>SERIAL NUMBER</b> 09/383,226	<b>FILING DATE</b> 08/26/1999 <b>RULE</b>	<b>CLASS</b> 378	<b>GROUP ART UNIT</b> 2876	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> RANDOL E. KIRK, CORAL SPRING, FL; <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/098,884 09/02/1998 <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 09/13/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> LEO J AUBEL 111 RIVERSHIRE LANE LINCOLNSHIRE ,IL 60069					
<b>TITLE</b> SYSTEM FOR X-RAY IRRADIATION OF BLOOD					
<b>FILING FEE RECEIVED</b> 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		